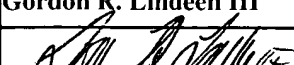
 <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <p style="margin: 0;">for FY 2005</p> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision.</p>	<p style="text-align: right; margin: 0;"><i>Complete if Known</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Application Number</td><td>09/812,770</td></tr> <tr><td>Filing Date</td><td>March 20, 2001</td></tr> <tr><td>First Named Inventor</td><td>Douglas C. Dahlby</td></tr> <tr><td>Examiner Name</td><td>Pizarro, R.</td></tr> <tr><td>Art Unit</td><td>2661</td></tr> <tr><td>Attorney Docket No.</td><td>15685P091</td></tr> </table>	Application Number	09/812,770	Filing Date	March 20, 2001	First Named Inventor	Douglas C. Dahlby	Examiner Name	Pizarro, R.	Art Unit	2661	Attorney Docket No.	15685P091
Application Number	09/812,770												
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First Named Inventor	Douglas C. Dahlby												
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Attorney Docket No.	15685P091												
<input type="checkbox"/> Applicant is a small entity. See 37 CFR 1.27.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TOTAL AMOUNT OF PAYMENT</td> <td style="width: 10%;">(\$)</td> <td style="width: 60%;">1,440.00</td> </tr> </table>	TOTAL AMOUNT OF PAYMENT	(\$)	1,440.00									
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METHOD OF PAYMENT <i>(check all that apply)</i>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input checked="" type="checkbox"/> Other (please identify): <u>Charge Deposit Account</u>	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor & Zafman LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION																																																																																																																									
1. EXTRA CLAIM FEES																																																																																																																									
<table style="width: 100%;"> <tr> <td style="width: 15%;">Total Claims</td> <td style="width: 10%; border: 1px solid black; text-align: center;">29</td> <td style="width: 10%;">29</td> <td style="width: 10%;">=</td> <td style="width: 10%; border: 1px solid black; text-align: center;">0</td> <td style="width: 10%;">x</td> <td style="width: 10%; border: 1px solid black; text-align: center;">50.00</td> <td style="width: 10%;">=</td> <td style="width: 10%; border: 1px solid black; text-align: center;">\$0.00</td> </tr> <tr> <td>Independent Claims</td> <td style="border: 1px solid black; text-align: center;">5</td> <td>4</td> <td>=</td> <td style="border: 1px solid black; text-align: center;">1</td> <td>x</td> <td style="border: 1px solid black; text-align: center;">200.00</td> <td>=</td> <td style="border: 1px solid black; text-align: center;">\$200.00</td> </tr> <tr> <td>Multiple Dependent</td> <td colspan="8"></td> </tr> </table>	Total Claims	29	29	=	0	x	50.00	=	\$0.00	Independent Claims	5	4	=	1	x	200.00	=	\$200.00	Multiple Dependent									<table style="width: 100%;"> <tr> <th style="width: 15%;">Large Entity</th> <th style="width: 10%;">Small Entity</th> <th style="width: 10%;">Fee Code</th> <th style="width: 10%;">Fee (\$)</th> <th style="width: 10%;">Fee Description</th> <th style="width: 10%;">Fee Paid</th> </tr> <tr> <td>1202</td> <td></td> <td>2202</td> <td>25</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td></td> <td>2201</td> <td>100</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td></td> <td>2203</td> <td>180</td> <td>Multiple Dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td></td> <td>2204</td> <td>395</td> <td>**Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td></td> <td>2205</td> <td>150</td> <td>**Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (1)</td> <td style="border: 1px solid black; text-align: center;">(\$) 200.00</td> </tr> </table>	Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid	1202		2202	25	Claims in excess of 20		1201		2201	100	Independent claims in excess of 3		1203		2203	180	Multiple Dependent claim, if not paid		1204		2204	395	**Reissue independent claims over original patent		1205		2205	150	**Reissue claims in excess of 20 and over original patent		SUBTOTAL (1)					(\$) 200.00																																																			
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SUBMITTED BY				<i>Complete (if applicable)</i>	
Name (Print/Type)	Gordon R. Lindeen III	Registration No. (Attorney/Agent)	33,192	Telephone	(303) 740-1980
Signature		Date	08/23/06		



Our Docket No.: 015685P091

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Dahlby, D.

Application No.: 09/812,770

Filed: March 20, 2001

For: Opening a Communications Stream
Between a User Terminal and a Base
Station

Examiner: Pizarro, Ricardo M.

Art Group: 2662

PRELIMINARY AMENDMENT

Mail Stop RCE
Commissioner for Patents
P.O Box 1450
Alexandria, VA 22313-1450

Sir:

Pursuant to the Request for Continued Examination filed herewith and in further response to the Final Office Action mailed February 23, 2006, Applicants respectfully request the Examiner to enter the following amendment and to consider the following remark.

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office on: 08/29/2006 TBESHAH1 00000026 022666 09812770
03 FC:1201 200.00 DA

Date of Transmission August 23, 2006

Debbie Casias

(Typed or printed name of person transmitting paper)

Debbie Casias

(Signature of person transmitting paper)